-2			/ ` <del></del>					<b>←</b>			1//		
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  91783185													
		CLAIMS AS	FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			. 15				ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	DASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ minus 20=		· Ø			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			6 minus 3 =		. 3			X40=		OR	X80=	240	
MI	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=		
• #	the difference	in column 1 is	less than ze	ss than zero, enter "0" in column 2				TOTAL		OR	TOTAL	950	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVIO PAID		IEST IBERI OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 15	Mimus	21	<u>ي</u>			X\$ 9=		OR	X\$18=		
	independent	• 6	Minus ••• (c		T 01 A(14	=		X40 <b>=</b>		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
							Ļ	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)									•				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••	5	= -		X\$ 9=		OR	X\$18=		
	independent	NTATION OF MI	Minus	PENDENT	CI AIM	-	$\mid \mid$	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	•	OR	+270=		
								TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	· ·	· .					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		s .		X\$-9≕		OR	X\$18=	ï	
	independent	•	Minus	***	T (1) A11	=	<b> </b>	X40=		OR	ХВО≃		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR.	+270=		
"If the entry in column 1 is less than the entry in column 2, write "U" in column 3.										00	TOTAL		
The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.  ADDIT. FEE													
FORM PTO 40 5													

\*U.S. GPO: 2000-450-708030103

(Rask 8/00)